



MISSOURI DEPARTMENT OF REVENUE  
**CORPORATION INCOME TAX RETURN**

**1997**  
FORM  
**MO-1120**

**NOTE: ATTACH COPY OF FEDERAL FORM 1120, PAGES 1-4, OR FEDERAL FORM 1120A. ATTACH ALL MISSOURI FORMS.**

|   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> CALENDAR YEAR JANUARY 1 – DECEMBER 31, 1997 OR <input type="checkbox"/> FISCAL YEAR BEGINNING  |   | 1997, ENDING                               | 19   |
| <input type="checkbox"/> A. CONSOLIDATED MO RETURN  | <input type="checkbox"/> B. CONSOLIDATED FED/SEPARATE MO RETURN | <input type="checkbox"/> C. FINAL RETURN   | <input type="checkbox"/> D. NAME, ADDRESS CHANGE |
| <input type="checkbox"/> E. FEIN CHANGE   | <input type="checkbox"/> F. BANKRUPTCY                          | <input type="checkbox"/> G. INITIAL RETURN | <input type="checkbox"/> H. AMENDED RETURN       |
| <input type="checkbox"/> I. LIMITED LIABILITY COMPANY <input type="checkbox"/> J. IF FILING FEDERAL FORM 990C, ENTER C. IF FILING FEDERAL FORM 990T, ENTER T. |   |  |  |

|                               |                        |   |                 |
|-------------------------------|------------------------|---|-----------------|
| BUSINESS NAME                 | MITS/MO I.D. NUMBER    | <b>DOR ONLY</b>                               |                 |
| CORPORATION NAME              | MO INCORPORATED NUMBER | FEDERAL I.D. NUMBER                           |                 |
| NUMBER AND STREET             | PLACE LABEL IN BLOCK   |   |                 |
| CITY OR TOWN, STATE, ZIP CODE |                        | NAME OF PARENT ON FEDERAL CONSOLIDATED RETURN |                 |
|                               |                        | PARENT FEIN                                   | <b>DOR ONLY</b> |

**INCOME AND DEDUCTIONS — PLEASE ROUND ALL AMOUNTS TO THE NEAREST WHOLE DOLLAR.**

|  |                 |    |    |    |
|--|-----------------|----|----|----|
| 1. FEDERAL TAXABLE INCOME (not less than 0) from Federal Form 1120, Line 30  | <b>DOR ONLY</b> |    | 1  | 00 |
| 2. Corporation income tax from Missouri, or other states, their subdivisions and District of Columbia deducted in determining federal taxable income (attach schedule)   | 2               | 00 |    |    |
| 3. Missouri modifications — Additions (complete Page 2, Part 1)  | 3               | 00 |    |    |
| 4. Total additions — add Lines 2 and 3   |                 |    | 4  | 00 |
| 5. Missouri modifications — Subtractions (complete Page 2, Part 2)   |                 |    | 5  | 00 |
| 6. BALANCE — Line 1 plus Line 4 less Line 5  |                 |    | 6  | 00 |
| 7. FEDERAL INCOME TAX — CURRENT YEAR (complete Page 2, Part 3)   |                 |    | 7  | 00 |
| 8. MISSOURI TAXABLE INCOME — ALL SOURCES — Line 6 less Line 7  |                 |    | 8  | 00 |
| 9. MISSOURI TAXABLE INCOME — if all Missouri income, repeat Line 8. If not, complete Form MO-MS and enter apportionment method chosen <input type="checkbox"/> , the % from Part A, Line 6 <input type="checkbox"/> , and the amount from Part A, Line 7 |                 |    | 9  | 00 |
| 10. MISSOURI DIVIDENDS DEDUCTION (see instructions before entering an amount)  |                 |    | 10 | 00 |
| 11. ENTERPRISE ZONE INCOME MODIFICATION  | <b>DOR ONLY</b> |    | 11 | 00 |
| 12. MISSOURI TAXABLE INCOME — Line 9 less Line 10 and Line 11  |                 |    | 12 | 00 |

**TAX**

|   |  |  |    |    |
|---|--|--|----|----|
| 13. MISSOURI TAX — 6.25% of Line 12   |  |  | 13 | 00 |
| 14. Recapture of Missouri Low Income Housing Credit (see instructions) (attach a copy of Federal Form 8611) |  |  | 14 | 00 |
| 15. TOTAL TAX — Add Lines 13 and 14   |  |  | 15 | 00 |

**CREDITS AND PAYMENTS**

|   |  |  |    |    |
|---|--|--|----|----|
| 16. Total credits — (attach Form MO-TC)   |  |  | 16 | 00 |
| 17. 1997 estimated tax payments (include approved overpayments applied from 1996)                     |  |  | 17 | 00 |
| 18. Payments with Form MO-60  |  |  | 18 | 00 |
| 19. <b>AMENDED RETURN ONLY:</b> Tax paid with (or after) the filing of the original return            |  |  | 19 | 00 |
| 20. Subtotal — add Lines 16 through 19  |  |  | 20 | 00 |
| 21. <b>AMENDED RETURN ONLY:</b> Overpayment, if any, as shown on original return or as later adjusted |  |  | 21 | 00 |
| 22. Total — Line 20 less Line 21  |  |  | 22 | 00 |

**REFUND OR TAX DUE**

|   |                 |    |    |    |
|---|-----------------|----|----|----|
| 23. If Line 22 is greater than Line 15, enter OVERPAYMENT here                    |                 |    | 23 | 00 |
| 24. Amount remitted or amount of overpayment to be contributed to the trust funds |                 |    |    |    |
| 24a. <input checked="" type="checkbox"/> Children's Trust Fund                    | 24a             | 00 |    |    |
| 24b. <input checked="" type="checkbox"/> Veterans Trust Fund                      | 24b             | 00 |    |    |
| 24c. <input checked="" type="checkbox"/> Elderly Home Delivered Meals Trust Fund  | 24c             | 00 |    |    |
| 25. Overpayment to be applied to 1998 estimated tax                               |                 |    | 25 | 00 |
| 26. Overpayment to be refunded — Line 23 less Lines 24a, 24b, 24c and 25          |                 |    | 26 | 00 |
| 27. If Line 22 is less than Line 15 enter UNDERPAYMENT here                       |                 |    | 27 | 00 |
| 28. Underpayment of estimated tax (attach Form MO-2220)                           | 28              | 00 |    |    |
| 29. Interest  | 29              | 00 |    |    |
| 30. Addition to tax (for late filing or late payment)                             | 30              | 00 |    |    |
| 31. TOTAL DUE — add Lines 27 through 30 (U.S. funds only)                         | <b>DOR ONLY</b> |    | 31 | 00 |

**INCLUDE YOUR MITS/MISSOURI TAX IDENTIFICATION NUMBER ON YOUR CHECK OR MONEY ORDER AND MAKE PAYABLE TO "MISSOURI DIRECTOR OF REVENUE". MAIL TO: MISSOURI DEPARTMENT OF REVENUE, P.O. BOX 700, JEFFERSON CITY, MISSOURI 65105-0700.**

**PART 1 — MISSOURI MODIFICATIONS — ADDITIONS**

|   |    |    |   |    |
|---|----|----|---|----|
| 1a. State and local bond interest (except Missouri) .....   | 1a | 00 |   |    |
| 1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1 .....  | 1b | 00 | 1 | 00 |
| 2. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041, Page 2, Part 1, Line 15 or Form MO-1065, Line 15) ..... |    |    | 2 | 00 |
| 3. Total — Add Lines 1 and 2. Enter here and on Page 1, Line 3 .....  |    |    | 3 | 00 |

**PART 2 — MISSOURI MODIFICATIONS — SUBTRACTIONS**

|   |    |    |   |    |
|---|----|----|---|----|
| 1a. Interest from exempt federal obligations (must attach a detailed schedule) .....  | 1a | 00 |   |    |
| 1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1 .....  | 1b | 00 | 1 | 00 |
| 2. Reduction in gain due to basis difference .....  |    |    | 2 | 00 |
| 3. Previously taxed income .....  |    |    | 3 | 00 |
| 4. Amount of any state income tax refund included in federal taxable income .....   |    |    | 4 | 00 |
| 5. Capital gain exclusion from the sale of low income housing project .....   |    |    | 5 | 00 |
| 6. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041, Page 2, Part 1, Line 16 or Form MO-1065, Line 16) ..... |    |    | 6 | 00 |
| 7. Total — Add Lines 1 through 6. Enter here and on Page 1, Line 5 .....  |    |    | 7 | 00 |

**PART 3 — FEDERAL INCOME TAX — CURRENT YEAR — Consolidated Federal/separate Missouri return — see instructions.**

|  |   |  |    |  |  |  |  |  |  |  |   |  |    |
|--|---|--|----|--|--|--|--|--|--|--|---|--|----|
| 1. Federal tax (from Federal Form 1120, Schedule J, Line 10 or Federal Form 1120A, Part 1, Line 7) .....   | 1 |  | 00 |  |  |  |  |  |  |  |   |  |    |
| 2. Foreign tax credit (from Federal Form 1120, Schedule J, Line 4a) .....  | 2 |  | 00 |  |  |  |  |  |  |  |   |  |    |
| 3. Federal income tax — add Lines 1 and 2; divide the total by 2; and enter here and on Page 1, Line 7. <b>Consolidated federal/ separate Missouri returns must complete Lines 4–6</b> .....   | 3 |  | 00 |  |  |  |  |  |  |  |   |  |    |
| 4. Numerator (the amount of separate company federal taxable income) .....   | 4 |  | 00 |  |  |  |  |  |  |  |   |  |    |
| 5. Denominator (enter the total positive separate company federal taxable income) .....  | 5 |  | 00 |  |  |  |  |  |  |  |   |  |    |
| 6. Divide Line 4 by Line 5 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Multiply by Line 3. Enter here and on Page 1, Line 7. (Consolidated federal/ separate Missouri return filers should attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. <b>If information is not sent, the federal income tax deduction may be reduced to zero.</b> ) ..... |   |  |    |  |  |  |  |  |  |  | 6 |  | 00 |
|  |   |  |    |  |  |  |  |  |  |  |   |  |    |

**PART 4 — COMPLETE THIS PART USING FORM MO-MS — Refer to the apportionment method used and check appropriate box. If not completed, the apportionment may be entered at 100%.**

|  |   |   |  |    |
|--|---|---|--|----|
| 1. Federal net operating loss deduction (from Part A, Line 3) .....          | ▶ | 1 |  | 00 |
| <b>THREE FACTOR APPORTIONMENT</b> <input type="checkbox"/>                   |   |   |  |    |
| 2. Total Missouri property values (from Part D, Line 1a) ...                 | ▶ | 2 |  | 00 |
| 3. Total everywhere property values (from Part D, Line 1b) ...               | ▶ | 3 |  | 00 |
| 4. Total Missouri wages/salaries (from Part D, Line 2a) ...                  | ▶ | 4 |  | 00 |
| 5. Total everywhere wages/salaries (from Part D, Line 2b) ...                | ▶ | 5 |  | 00 |
| 6. Total Missouri sales (from Part D, Line 3a) .....                         | ▶ | 6 |  | 00 |
| 7. Total everywhere sales (from Part D, Line 3b) .....                       | ▶ | 7 |  | 00 |
| 8. Nonbusiness income — All sources (from Part D, Line 6) .....              | ▶ | 8 |  | 00 |
| 9. Nonbusiness income — Missouri sources (from Part D, Line 9) .....         | ▶ | 9 |  | 00 |
| <b>SINGLE FACTOR APPORTIONMENT</b> <input type="checkbox"/>                  |   |   |  |    |
| Amount wholly in Missouri (from Part B, Line 1) .....                        | ▶ |   |  |    |
| Amount partly within and partly without Missouri (from Part B, Line 2) ..... | ▶ |   |  |    |
| Amount wholly without Missouri (from Part B, Line 3) .....                   | ▶ |   |  |    |
| Non-Missouri source income (from Part B, Line 9) .....                       | ▶ |   |  |    |

**PART 5 — REASON FOR AMENDMENT — This form can only be used to amend tax years beginning in 1997.**

Check one box indicating the reason for this amended Missouri return. The applicable Federal Form 1139, 1120X, 4549, 4549A, 870D and/or 5278 must be attached. This includes consolidated federal/separate Missouri filers. (NOTE: A separate amended Form MO-1120 must be filed for each reason.)

- ☐ A. MISSOURI CORRECTION ONLY      ☐ B. FEDERAL CORRECTION      ☐ C. LOSS CARRYBACK  
☐ D. TAX CREDIT CARRYBACK      ☐ E. IRS AUDIT (RAR)

**DOR ONLY****PART 6 — LOSS CARRYBACK OR TAX CREDIT CARRYBACK — AMENDED RETURN ONLY**

If a loss carryback or tax credit carryback is involved in this amended return, complete the following. Consolidated federal/separate Missouri filers should report figures attributable to this separate Missouri return and attach a copy of the Federal Consolidated Form 1139 or 1120X showing the carryback or page 1 of the Federal Consolidated Form 1120 for the year of the loss to verify that only the separate company had the loss. Also, enclose a copy of the consolidated income statement for this year and the year of the loss.

|   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|----|
|   |   | M | M | D | D | Y | Y  |
| 1. Year of loss .....   | ▶ | 1 |   |   |   |   |    |
| 2. Total net capital loss carryback .....   | ▶ | 2 |   |   |   |   | 00 |
| 3. Total net operating loss carryback .....   | ▶ | 3 |   |   |   |   | 00 |
| 4. Federal income tax adjustment — Consolidated federal/separate Missouri filers must attach computations ..... | ▶ | 4 |   |   |   |   | 00 |

**SIGNATURE — PLEASE SIGN BELOW**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation which files a frivolous return.

**DOR ONLY**

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm.

☐ YES    ☐ NO

PREPARER'S PHONE NUMBER

SIGNATURE OF OFFICER

DATE

PREPARER'S SIGNATURE (OTHER THAN TAXPAYER)

DATE

TITLE OF OFFICER

PHONE NUMBER

PREPARER'S ADDRESS AND ZIP CODE

FEIN

☐ S  
☐ E  
☐ U  
☐ F  
☐ P